



## Building Permit Application (Residential Projects)

Community Development/Planning Dept.  
401 N. Madison St., Spring Hill, KS 66083  
(913) 592-3657 • (913) 592-5040 FAX  
[planning@springhillks.gov](mailto:planning@springhillks.gov) • [www.springhillks.gov](http://www.springhillks.gov)

Permit No. \_\_\_\_\_  
Permit Fee \$ \_\_\_\_\_  
Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ ZONING \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_ PHONE \_\_\_\_\_

Description of building or structure project: \_\_\_\_\_

Approximate cost of project (labor and materials) \$ \_\_\_\_\_

Note: The permit fee is based on the construction cost of project.

### Contractor Information

Name: \_\_\_\_\_ Check One: ☐ Owner ☐ Agent ☐ Contractor

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

#### Mechanical Contractor

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

#### Electrical Contractor

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

#### Plumbing Contractor

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

#### Framing Contractor

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

### Additional Information:

- **Submit** a plot plan drawing or mortgage survey, indicating the construction location in relation to the property lines and the house or business.
- **Call** before you dig by calling the Kansas One Call System at (800) 344-7233 and Public Works at (913) 592-3317.
- **Inspections:** Once the project has been completed, please contact the City of Spring Hill for an inspection at (913) 592-3657.

*I affirm that the information provided is true and correct, and I agree to conform to all regulations of the City of Spring Hill covering this type of work. I state that the work done is performed by the licensed contractor as stated above. I understand failure to comply with these provisions may result in the revocation of this permit and/or contractor license.*

Applicant Name (print) \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Date \_\_\_\_\_

**Before any work may commence, all pertinent permits must be obtained.**